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DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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RUBEOLA, MORBILLI, OR MEASLES.

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(Concluded from page 347.)

Measles is readily recognised in most instances. The supposed modification of it, without catarrh, approaches nearest to it; and the distinctive signs between them, were formerly indicated. As to scarlatina, and some other affections, occasionally bearing an analogy to measles, I shall postpone my remarks on their respective peculiarities, till I arrive at the consideration of these diseases.

Measles is not very serious in its ordinary prevalence. It may, however, be observed, that as an epidemic, it usually becomes more so, and has on some occasions, in this shape, proved so dreadfully fatal, as to have received the title of a little plague. The typhoid condition, under any circumstances, is always to be dreaded, and very frequently proves fatal in spite of our best efforts. Certain symptoms are uniformly of very bad import, as the eruption coming out slowly or imperfectly, or of a pale or livid hue, with petechiæ or vibices, or the sudden recession of it, attended by vomiting or purging, with extreme tenderness of the epigastric or still lower regions of the abdomen,—impeded respiration, however occasioned, by lesions of the lungs or the trachea,—or low delirium, with coma, or spasms, or convulsions. The latter occurring, especially in a child during dentition, "magnum periculum portentum," is the language of a great authority. Exactly, indeed, as the gastro-enteric, cerebral, or pulmonary affections are violent, and especially when congestive, is the case to be deemed alarming. Further may it be remarked, that where any predisposition exists to pulmonary or laryngeal affection, the disease is to be dreaded, as much nearly in its remote, as its immediate consequences.

It is milder in childhood, than in adult or more advanced life, though in either extreme, infancy or old age, it usually proves very unmanageable. These periods, however, are less liable to its attacks—childhood and adolescence being the ages when it mostly occurs. The danger in pregnant women, which has been represented as great, is probably overrated. Two cases that I attended did well; and Heberden, whose experience was very extensive, informs us, that he never knew a woman to miscarry, or seem to suffer more from the disease on account of her situation, in this respect.

As the foregoing adverse symptoms, or circumstances, may be absent, so shall we have reason to prognosticate favourably. Yet I must add, that the most sudden and unexpected conversions may take place in the disease by exposures to cold, or by other ill management.

Being inflammatory, evidence of such a state is conspicuously discernible on dissection along the whole of the alimentary canal, as well as of the collatitious viscera,—though greatest, except in the instances of diarrhœa, in the upper portion of it, the stomach and duodenum especially—and still more so, in the trachea and its terminations, or the substance or envelopes of the lungs, and occasionally there are manifestations of the brain suffering severely. But when typhoid or malignant, with a weaker inflammation in the same parts, heavy congestions exist in the organs of the great cavities, and, sometimes, diverse extravasations or effusions.

Concerning the pathology of measles, it might almost be sufficient to refer to what was said in relation to that of small-pox. Excepting one particular, no material difference exists. The fever in the former does not subside on the coming out of the eruption, as in the latter affection, which is owing to a retention of the irritation in the interior surfaces, relieved in small-pox, by a translation of it to the skin. From the prominent affection of those organs, measles has been usually presumed to have its original seat in the lungs. Considering, however, its similitude to variola in so many features, it seems to me much more probable, that it is radicated in the primæ viæ, and that other structures are brought secondarily into participation. Be it alleged that many of the symptoms are catarrhal or pneumonic, it may be replied, that the alimentary canal, and the parts with which it immediately sympathises, as the brain, are even more disordered in the early stage. Do we not know, that measles very frequently commences with nausea, vomiting, and tenderness of the epigastrium, accompanied by great distress of the head, sometimes eventuating in delirium, or coma, and still more so in diarrhœa? It is true, that on dissection, the pulmonary organs exhibit morbid phenomena, and so do the stomach and bowels to a considerable extent. Examples are numerous, of diseases beginning at one point, displaying themselves in their progress more prominently in other sections of the body. This is strikingly illustrated in measles, where nearly always the gastric symptoms abate or subside much sooner than those of the lungs, and hence the reason that in post mortem examinations, greater lesions are detected in the chest.

In regard to its own pathological condition, it seems to me, to be materially influenced by the circumstance of the preponderance of suffering in the thoracic or abdominal viscera. As the centre of the sympathies, the stomach, particularly, cannot have its energies depressed, without a correspondent general diminution of power, and on this occurring, weakness, and congestive formations, are the inevitable results; whereas, should there be less prostration of them, the system emerges from under the load, and a complete reaction takes place productive of inflammation.

In the treatment of small-pox, so much was said, which is not less appropriate to that of measles, that I shall not permit the latter long to detain us. It may be not superfluous to remark, that it ought to be accommodated to the character and violence of the case. The lightest form of it requires scarcely any thing to be done. An avoidance of exposure to cold, some gentle laxatives, and low diet, will be found usually sufficient. But in attacks of greater severity, the course must be more energetic and decisive.

The leading object should be to evacuate the alimentary canal; and when not contra-indicated by reasons presently to be noticed, an emetic may be directed, especially in the cases of children, in whom vomiting is an easier, and at the same time, a more efficacious process. It proves exceedingly useful in relieving the irritations or oppressions of the pulmonary system, usually so deeply concerned in their attacks, and by its action on the skin, prepares the way for the reception of the efflorescence. But though so serviceable, an emetic is not ordinarily an essential remedy, and where there is an absence of the pulmonary affections mentioned, purging may be substituted, for which purpose, castor oil or the saline laxatives, are preferable. Neither mode of evacuation, however, is admissible, where, instead of pulmonary, gastro-enteric irritation exists to any extent. This is previously to be allayed by measures which have so frequently been pointed out, that they need not be recapitulated. The condition being thus rendered fit for their exhibition, the mild diaphoretics, and diluent drinks, next become proper to promote the eruption, and also in reference to other purposes. The fever, however, rising to any height, with an active pulse, and local phlogosis, whether in the lungs or primæ viæ, or any other structure, either before or after the eruption, venesection must be freely practised, to which are to be added, as auxiliary to the design, leeches or cups, and blisters, with whatever else, enters into the management, ordinarily, of such a case of complicated inflammation. Yet, above all, venesection is efficient under such circumstances; and no period of life, whether of infancy or extreme age, should forbid it, taking care only to regulate it by the condition of the individual. Greatly was it commended by Sydenham, and subsequently by Mead, Cullen, Heberden, and other able practitioners. Few, indeed, are there of any authority, who do not coincide in this estimate of the remedy.

Typhoid measles is treated differently. Cutaneous action is here first to be excited. This indication may be met by sponging the surface with tepid diluted spirits, or by the warm bath in greater emergencies, aided by moderately stimulating diaphoretics, and by warm drinks. The lancet is withheld, or very cautiously employed. But topical bleeding may be advantageously substituted to remove the congestion of organs. Evacuations of the stomach and bowels are indispensable,—commencing with an emetic, and then a mercurial purge, which contributes to the same end.

As the appearances of exhaustion supervene, we are to resort to the sulphate of quinine, or to the diffusible stimuli, among which, the carbonate of ammonia or camphor is best, alone, or with an opiate, as the latter may seem to be demanded, by nervous inquietude or insomnolency. Excitement is also to be sustained or renewed, by sinapisms or blisters, and a large one over the epigastrium, is sometimes productive of great effect, by bringing out the eruption, or changing it to a more healthy character.

In the cure of measles, the regulation of the temperature of the chamber, and of the drinks, is of considerable consequence. The weather being hot, and the attack decidedly inflammatory, the most refreshing ventilation is required, with cold beverages,—and, reversely, in winter, and particularly in the typhoid state of the disease, such a degree of heat should be preserved as to favour cutaneous excitement, without causing restlessness or febrile disturbances, and the drinks moderately warm. The more am I induced to mention this, since some practitioners attempt to identify the treatment of measles with that of small-pox, in which a low temperature is found most beneficial. Carrying out the analogy, even cold affusions have been used, and from the alleged success, strenuously recommended. This view seems to me false, and the practice it details must be pernicious, except where the lungs escape an affection, and the skin is exceedingly dry and hot. Even here, sponging only is warrantable. But the pulmonary apparatus is nearly always implicated, in the case, and it is well known, that cold is tolerated by no one of its morbid conditions, it never failing indeed, to prove an aggravating agency.

Measles is singularly prone to sequelæ or consequent affections, among which are catarrh and pneumonia, opthalmia, aphonia, diarrhœa, and some other more chronic derangements. Even when a predisposition only exists, it is exceedingly apt to ripen the tendency into actual disease, and particularly scrofula and phthisis, to which some writers add hepatitis. Nothing, however, very peculiar characterizing the management of the generality of these secondary affections, I shall scarcely notice them further. It may, indeed, be sufficient to say, that the whole of them are to be treated by those remedies the best adapted to subacute, or chronic inflammation, which is their true pathological condition. Yet diarrhœa, from the extreme debility often associated with it, is apt to lead to a deception, and which, on this account, may require to be specially designated.

Too commonly under such a delusion, a resort is had to the astringent and testacious preparations, which are both ineffectual and mischievous. The lax in this case, is the result of inflammation of the mucous coat of the intestines, and can only be relieved by the measures I have intimated. It was Sydenham who first made known this fact, and subsequent experience has abundantly confirmed it. Bleeding, general or topical, in moderation, with ultimately a blister to the abdomen, and the Dover's powder exhibited at night, with an occasional recurrence to the warm bath, constitute the proper means. Continuing obstinately, however, calomel, or the blue pill, in very moderate doses, with opium or otherwise, becomes necessary, and more especially where the liver is concerned, which sometimes happens.

It may be right merely to remark, that the black appearance occasionally taking place at the close

of the eruption, giving to the disease the title of rubeola nigra, is said to be speedily removed by the internal use of the muriatic acid.

In closing the subject, it is my wish to impress on you the importance of more circumspection in the treatment of measles, than it usually receives. We have seen, in its graver states, how many organs it involves and the serious injuries inflicted. As much, perhaps more, to be dreaded, are such lesions than the disease itself. That the affections it entails or developes are the results of imperfect cures, and hence, might be obviated by better practice, is my deliberate opinion. Being decidedly inflammatory in its common nature, it obviously exacts the antiphlogistic course in all its details, and especially the loss of blood, to the neglect of which, I am disposed to ascribe, mainly, the mischief so lamentably experienced. Never have I known a case of inflammatory measles to resist adequate bleeding. But our care must not stop here. Caution should be enjoined, even after the disease is seemingly cured, and still more during convalescence, against any exposure to cold, or improper indulgences or trespasses of any kind.

A BIOGRAPHICAL SKETCH *of the Professional Life and Character of the late* HENRY HUNTT, M. D., *of Washington City, D. C.* By T. MILLER, M. D., Chairman of a Committee appointed by the Medical Association of Washington, &c. &c.

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IT is due to eminent worth in every class of life, that it should not be suffered to sink into the tomb without some more permanent tribute of respect, than a passing obituary notice; but the lives of those who belong to what are termed the learned professions, generally afford but scanty materials for a biography; and when, as in the case of the lamented subject of this brief notice, that aversion to egotism which usually accompanies merit, does not permit the individual to make his own life and actions a frequent topic of discourse, even among his most intimate friends, the record must be still more meagre and unsatisfactory.

HENRY HUNTT was a native of Calvert county, Maryland, where he received his early education. When about eighteen years of age, he left his parental roof to reside with his uncle, Doctor Clement Smith, a most respectable and talented practitioner of medicine in Prince George's county, Maryland. Shortly afterwards he entered his uncle's office as a student of medicine, and soon, by his urbanity of manners and assiduous attention to his studies, he gained the esteem and friendship of all who knew him. Early in life he exhibited dawnings of future professional eminence, while yet a student; and before he had read medicine eighteen months, he was intrusted by his uncle with the entire treatment of patients, whose confidence he soon possessed.

In 1805 and '6, he attended a course of medical lectures in the University of Pennsylvania; and by his studious habits and close attention to the lectures, gained the regard and approbation of nearly all the professors of that day, particularly that of the venerated father of American surgery, which he enjoyed to the death of that gifted and honoured man. On his return to Maryland in the spring of 1806, he entered into partnership in practice with his uncle, and soon became distinguished by his attention and kindness to his patients. He was particularly so, for his success in the treatment of the diseases of children, and many parents of the present day speak with gratitude and praise of his skilful efforts in preserving their innocent offspring from an untimely grave. In 1808 and '9, he made experimental observations on the character of the discharges in dysentery and diarrhœa—the chronic forms of those diseases more particularly—a subject which has lately attracted the attention of the medical experimenters and speculators, which led him to the practice of substituting an acid for a mercurial and alkaline treatment of those diseases.

A country practice affording too limited a field of professional preferment and emolument for one of Huntt's ambitious views, he, amid the regrets of a large circle of friends, abandoned his practice in Prince George's, and came to the city of Washington in the fall of 1810, with the intention of applying for the situation of surgeon's mate in the U. S. navy. This he desired, that he might have an opportunity of extending his medical views and experience. He succeeded in being appointed on the 2d June, 1811, and performed the duties incident to his station for more than two years, in a manner creditable to himself and satisfactory to his superiors. Considerations of a private nature induced him to resign this appointment on the 31st August, 1813; and he had determined to enter into private practice in Washington, when, in 1814, a more than usual demand for hospital surgeons in our army existing, he applied, and was appointed by Mr. Armstrong on the 17th March, 1814, to take charge of the Burlington Hospital, Vermont, to which he immediately repaired. In a short time, by his indefatigable exertions, untiring zeal and promptness, he attained rank in the "highest grade of surgeons," performing many important surgical operations, among which we may mention the operation on the shoulder joint of Lieut. Duncan, of the U. S. navy, an account of which is given in the Medical Recorder for 1828.

At the same time that he gained the esteem and friendship of his brother officers generally, his devotion to his official duties is best testified to by Dr. Mann, his able predecessor at Burlington, who thus speaks of him:—"To Dr. Huntt, who succeeded me at this post, the most liberal encomiums are due; my acquaintance with him gave me an opportunity more fully to appreciate his merits as a director of that establishment, which, from its infancy to the close of the campaign, had a claim to pre-eminence." While at Burlington, his successful treatment of the pneumonia then raging there, together with his reports of cases, those of the effects of the acetate of lead in various diseases particularly, deserve to be most honourably mentioned. At the close of the war in 1815, Dr. Huntt returned to the District of Columbia, and with a number of the officers of the army was disbanded on the 1st June, 1815. In leaving the army, he felt conscious of having acquitted himself creditably to his well-earned reputation, and of having performed useful services to his country, a conviction sustained by more than one of those who had

braved with him the brunt of that eventful and arduous campaign. He now permanently established himself in Washington city, and once more entered the arena of private practice. Soon he became distinguished, taking a stand high among the physicians of that day; with the view of attaining greater proficiency in the practice of medicine, he abandoned that of surgery and obstetrics, and devoted himself exclusively to therapeutics and pathology, and few can boast of having been more successful than he was. Soon after he settled in Washington, in consequence of his success in the treatment of the epidemic pneumonia, which at that time pervaded nearly the whole of this section of country, and proved almost universally fatal, he, at the request of many friends, published a brief view of the pathology and treatment of that disease, the general adoption of which led to a much less fatal result in the treatment, for which he received many flattering public acknowledgments.

But a few years elapsed after he settled in Washington, before he enjoyed a most respectable and lucrative practice. By his deportment and conduct, both private and professional, he soon gained the esteem of his seniors in the profession, and the confidence of his patients. About the year 1820, he originated, on his individual responsibility, a health office in Washington, and was for several years, under the sanction of the corporation, the only acting officer. After a few years, he succeeded in having organized a regular Board of Health, of which, in 1824, he was elected President. This situation he would have retained as long as he lived, had not the great increase of his private and professional engagements, together with the delicate state of his health, rendered it advisable for him to retire from it, which he did in 1833. During the whole period that he held this situation, he always kept in view the comfort and welfare of his fellow-citizens, deporting himself with dignity and firmness. In 1832, when the district was visited by the epidemic cholera, he displayed most particularly his zeal for the public good;—though engaged in a most arduous practice, with many unforeseen difficulties to encounter, he acted as President of the Board of Health with promptness and firmness, at the same time that he consented to perform the duties of one of the consulting physicians to the several hospitals in the city. He never ceased his efforts day or night to render aid and consolation to his fellow-citizens; and to the great fatigue and exposure he necessarily encountered during that season of distress and desolation, we may date the commencement of the disease which ultimately terminated his existence.

In the year 1832, he wrote, from data furnished by a distinguished medical friend from Virginia, a short treatise on the virtues of the waters of the Red Sulphur Springs, in Virginia, in consumption, &c., &c. Little did he suppose at that time, it would have been his lot, so soon to test their virtues on himself. In the fall of 1836, though his health had been previously much impaired, he first discovered symptoms of pulmonary disease; he was attacked with slight cough, soon attended with bloody expectoration, not sufficiently severe, however, to prevent him from pursuing his professional avocation. In the spring of 1837, his mind being greatly distressed by the loss of an only brother, to whom he was much attached, he was seized with slight hæmorrhage, succeeded by hectic chills and other symptoms indicating pulmonary and mesenteric disease. As time diminished the acute pangs of grief occasioned by his late family bereavement, and as the general warmth of the summer approached, his health and spirits became better, and he was induced to accept the appointment of visiter and medical inspector of the Military Academy at West Point. On his return home in July, his health much injured by the northern climate, he determined by the advice of Dr. Physick to take some relaxation from his labours, and endeavour to repair his lost energies, both of body and mind. With this object he visited the Red Sulphur Springs, so long his favorite theme, resolved to give them a fair trial in his own case, at the same time that he made observations of the effects of the waters on others. He remained at these springs, collecting notes and certificates corroborative of his views, till the last of August, when he returned apparently very much benefited in his health, which continued sufficiently good to enable him to resume his professional pursuits, till the commencement of November, when, from imprudent exposure at night, his lungs became re-excited, which caused a return of all his former unpleasant symptoms, and confined him to the house nearly the whole of the winter of 1837 and '38: during this time he was occupied with private consultations, and arranging his notes on the Red Sulphur Springs for publication. In the spring of 1838, he published the result of his observations in a pamphlet, entitled "A Visit to the Red Sulphur Springs of Virginia, &c, &c.;" convinced that he was conferring a benefit on mankind by calling attention to the happy effect of the water of these springs in several hopeless diseases. Whether his impressions will be confirmed by the test of experience, must be determined by the results of future observations. It is to be regretted that Dr. Huntt did not rely on the stethescope in forming his opinions of the cases of *tubercular* phthisis said to be cured by those waters; he certainly evinced his own faith in their curative powers, for early in June, greatly reduced by disease, he set out with his family to visit once more the Red Sulphur Springs, where he remained until the 1st of Sempteber, when he was brought home by the judicious efforts only of a faithful and untiring friend, Gen. George Gibson, greatly emaciated, and evidently just approaching his end, but still hoping that his case was curable; that he now laboured only under the effects of debility, which would soon be removed by tonics; a hope which had been excited by the opinion of an eminent medical friend, whom he had met and consulted at the springs. This delusion lasted but a few days; soon he discovered that his powers were sinking; his cough, expectoration, together with prolonged and agonizing attacks of *singultus* were symptoms of too marked a character to escape the observation of a man so skilled in disease and death-bed scenes. He now saw his life was about to terminate, and gave directions relative to his family and the disposition of his remains. He always entertained a horror of his

body undergoing the usual dressings, and of being buried alive; he therefore directed that as soon as the breath left the body, it should be covered over and not disturbed until it was to be placed in the coffin; that it should be kept until symptoms of decay were apparent; together with other directions similar to those given by Dr. Physick. He died on the 21st September, at 3 o'clock P. M., in the 56th year of his age.

As a physician Dr. Huntt was justly celebrated; his success in the treatment of many diseases, as fevers, infantile diseases, scarlatina, and epilepsy, entitled him to merited distinction. In the two latter diseases, he was very frequently consulted from a distance. Though the advantages of his early education were limited, he had by close attention and laborious study stored a mind, naturally good, with much valuable information. His judgment and discernment were of a high order; few men were ever more gifted in those respects. His mind was a storehouse of facts. He never lost a useful hint in his profession for want of observation. In the sick-room nothing ever escaped his keen and watchful eye; he seldom forgot what he thus obtained. In his directions he was celebrated for his minuteness and distinctness; he left nothing of importance to the discretion of nurses and attendants. To his patients his visits were always cheering, and he possessed the happy faculty of conducting himself, in every case, in such a manner as to inspire confidence at once; his knowledge of human nature taught him when to be abrupt and when to be mild in his intercourse with his patients. Though he had the reputation of being rough, even rude, he possessed the kindest and most sympathizing feelings for the sick, and by this adaptation of manner, he often dispelled the gloom so frequently a barrier to speedy convalescence. He always paid short visits to his patients, only long enough to understand their cases fully and prescribe for them, and never visited them unless absolutely necessary in his opinion. To this deportment, he has often said, he was indebted for much of his success in his profession.

From circumstances, not under his control, he never obtained regularly the degree of M. D., though in consideration of his eminence it was conferred on him by some of our most respectable universities, besides being constituted honorary member of several medical institutions of Europe. He was always a friend to science, and contributed much to the originating and sustaining many literary and medical societies. He was a member of the celebrated Φ. B. K. Society, the views and objects of which he sustained to the last. He was among the founders of the Columbian Institute, Medical Society of the District of Columbia, and the Medical Association of Washington. To each of these he was a most zealous supporter. He was a most uncompromising enemy to professional strife, which he considered as degrading to professional character, which he was ever ambitious to see attain the highest elevation. He had no professional jealousies to gratify, he was therefore liberal, candid and considerate to his brethren, all of whom viewed him as a friend; the seniors as an able coadjutor, the juniors as a counsellor. To the latter he was particularly considerate; he was never known to present an obstacle to the rise of youthful talent, or to repress laudable youthful ambition; to adopt the language applied to a most distinguished medical man of another country, "Few men ever maintained in the circle in which they practised, more respect and confidence from their professional brethren, or a higher character with the public as skilful physicians."

In consultation, Dr. Huntt displayed a penetration in the diagnosis of disease, and a readiness and sincerity in the communication of his experience in similar cases, which never failed to secure the confidence of the practitioner at whose recommendation he had been called to the attendance. He had moreover the enviable quality of observing the most honourable conduct towards the gentlemen in attendance with him, without a compromise of the duty he owed to the invalid. He directed the treatment without arrogating to himself any merit for its success, and assisted the efforts of his junior without lessening towards him the confidence of the patient. His punctuality to his appointments rendered professional intercourse with him peculiarly satisfactory; and even when much debilitated by disease, and engaged in a most extensive practice, he would be as punctual in his appointments with the youngest member of the profession as with the eldest, treating each with the same polite consideration. Such is the language applied to the celebrated Dr. Cleyne.

No man enjoyed the tranquil pleasures of social life with a greater zest than Dr. Huntt; and none ever contributed more to them by amenity of temper, kindness of heart, general intelligence, and sound judgment. His company was always welcome in a circle of either sex, and notwithstanding a certain abruptness of manner, something like that attributed to the celebrated Abernethy, he soon became a favourite with the young and old, the grave and the gay. The loss of such a man, it may easily be imagined, will be long and deeply deplored in the society where he *dwelt*.

Views and Treatment of an important Injury of the Wrist. By J. Rhea Barton, M. D.

Any further observations on a class of accidents, so common, and which have been so often the subject of inquiry, as that of injuries of the forearm and wrist-joints, may be deemed superfluous by those who read, but have no personal experience in surgery. But to those engaged in the active pursuits of our profession, it is well known that, notwithstanding the volumes that have been written on this subject, there are yet certain injuries involving these parts which are not fully understood, and consequently not successfully treated.

My attention was early fixed upon such cases, and through a series of years they have been particularly interesting to me; and it is from my conviction that, up to this time, error prevails, both as to the nature and the treatment of them, that I am induced to publish my views and practice therein.

I do not know any subject on which I have been more frequently consulted than on deformities, rigid joints, inflexible fingers, loss of the pronat-

ing and supinating motions, and on neuralgic complaints resulting from injuries of the wrist, and of the carpal extremity of the forearm—one or more of these evils having been left, not merely as a temporary inconvenience, but as a permanent consequence.

The accidents which are to be the principal subject of my remarks, usually pass either for sprains or dislocations of the wrist. Under one of these denominations are these cases to be detected, which, though partaking somewhat of the character of sprains or dislocations, are distinguishable from either of them respectively. They may be recognised by their being accompanied by more distortion of the hand and arm than any which can arise from simple sprains of the wrist, and yet less than that which must necessarily take place when there exists a complete luxation of the carpus. The profile of the limb under this injury is a peculiar one, distinguishing it on the one hand from the sprained wrist, and on the other from luxation.

A nice discrimination between these and the other varieties of accidents is not a mere matter of useless refinement in diagnosis; but it is one of great practical importance, as is confirmed by the number of persons who have never fully recovered from the effects of accidents of this nature, treated without such discrimination.

In simple sprains of the wrist, though accompanied by extreme swelling, the limb will still be found to retain a characteristic outline of its natural contour. It is not marked by any abrupt and solid eminences, the swelling is rather uniform, diffuse, and puffy, the hand continues on the same line with that of the forearm, &c. In complete dislocations, the nature of the injury must always be very palpable from the great bulging of the overlapped bones, and from the shortening of the limb, &c. Between these two injuries there is too great a dissimilarity to admit of an excuse for the surgeon who mistakes the one for the other; but he may confound with these, and it is a common fault to do so, *a sub-luxation of the wrist, consequent to a fracture through the articular surface of the carpal extremity of the radius;* although to this accident belong appearances exclusively its own.

It is to this peculiar injury that I wish to draw attention.

It is one of the most common injuries to which the upper extremities are subjected; and every practitioner of moderate experience will, I am sure, be able to call to his recollection the appearance which the limb presents under such circumstances, as well as the embarrassment which he has experienced in his attempts to obviate eventual deformity, to preserve the functions of the fingers, and to restore the motions of the wrist and forearm.

The similarity of manner in which this accident generally occurrs, is striking. It is almost always found to have taken place in consequence of the individual having thrown out his hand to rescue himself from falling, or to ward off injuries threatening a more important part of the body. In the act of falling, for example, the hand is thus instinctively thrown out, and the force of the fall is first met by the palm of the hand, which is violently bent backward until the bones of the wrist are driven against the dorsal edge of the articulating surface of the radius, which, being unable to resist, it gives way. A fragment is thus broken off from the margin of the articular surface of this bone, and is carried up, before the carpal bones, and rested upon the dorsal side of the radius; they having been forced from their position, either by the violence, or by the contraction of the muscles alone. We have then an imperfect luxation of the wrist, depending on a fracture through the extremity of the radius. The deformity will be found to correspond with this state of the case. There is a tumour on the dorsal side of the arm formed by the bulging of the carpal bones and fragments; whilst below it, on the palmar side, the extremity of the radius projects. The degree of prominence of these parts, depends upon the size of the fragment and the violence of the injuring force. The ulna not being very intimately involved in the injury, retains its position, and serves as an abutment, against which the hand seems to rest; whilst the radius, as it has its edge broken off, allows the hand on that side to be drawn upward, and hence to render, on the under side, the styloid process of the ulna more conspicuous than natural. Crepitus cannot always be felt, sometimes in consequence of the smallness or crushed condition of the fragment; at other times, owing to the great swelling and tension; but in every such case, the distortions of the limb are to be seen, and may be removed by making firm extension and counter-extension from the hand and elbow, at the same time gently depressing the tumours already spoken of. By the employment of these means, all deformity, except that which evidently depends upon the more general swelling, may be satisfactorily removed; but the moment the extension and counter-extension are relaxed, the combined action of the flexors and extensors of the fingers, as well as those of the wrist, force the deformity to re-appear as conspicuously as before: and as often as the effort is renewed and discontinued, will the deformity appear and disappear. In this respect does this species of injury in an especial manner differ from a complete simple luxation of the wrist; which, when once reduced, must continue so after the reducing force has been withdrawn. There is no spontaneous reluxation after the simple complete dislocation has been removed; whereas, in this case it immediately succeeds the withdrawal of the force. This accident must not be confounded with those which are also of frequent occurrence, namely, fracture of the radius, or of the radius and ulna just above, and not involving the joint. It will be found on referring to the writings of Boyer, Desault, Sir Astley Cooper, Dupuytren, and many others, that this frequently happens, and that the fracture often reaches to within a few lines of the extremity of the bone; and that these cases are very frequently mistaken for dislocations, though they are in reality fractures exterior to and disconnected with the joint; the deceptive deformity being occasioned by the displacement of the broken ends of the bone caused by the action of the muscles and the weight of the hand. A very good illustration of such cases may be found in plate 12, figure 1, in Mr. Hind's folio work on fractures of the ex-

tremities. It may there be seen how powerfully the flexors and extensors act in retracting the inferior portions of the bones, and how closely the radius and ulna are drawn together through the instrumentality of the pronator quadratus muscle below, whilst toward the brachius the pronator teres is exerting its power to keep the limb in a state of pronation. Now these are consequences which do not result from the species of injury to which I refer. The fragment may be, and usually is, quite small, and is broken from the end of the radius on the dorsal side, and through the cartilaginous face of it, and necessarily into the joint. The pronator quadratus is not involved in the fracture. The radius and ulna are not materially disturbed in their relations to each other. The only important change, which takes place in consequence of this fracture is, that the concave surface at the extremity of the radius, which receives and articulates with the three first carpal bones, is converted, as it were, into an oblique surface by the loss of a portion of its marginal ridge; commonly by the separation of an entire piece; sometimes by the crushing of its substance. The moment the cartilaginous extremity of the radius is deprived of its concave form, the united force of the carpal and digital flexors and extensors is exerted to create a complete luxation; but as the ligaments are only stretched, or but partially torn, this cannot take place. The carpal bones, therefore, only emerge collectively from their natural position, and carrying before them the broken piece, rest on the dorsal side of the radius, forming a tumour there; whilst the end of the radius itself occasions on the palmar side a prominence which is round and smooth, and differing in this from similar projections formed by the fractured ends of bones, the abruptness and harshness of which may sometimes be distinctly felt through the soft parts, and which are themselves, when pressed upon, acutely painful.

It follows of course, in injuries of this kind, that unless some method of dressing be adopted whereby the retraction of the hand may be permanently counteracted, and the prominences repressed, the patient will recover with a crooked arm, and under a sacrifice of some of the functions of the hand. The customary modes of treating either sprains or dislocations of the wrist, or fracture of the forearm, are totally inadequate to the purpose, and should not be relied on as a treatment for these particular cases by any practitioner who has regard for the welfare of his patient, and for his own reputation. There is no professional point upon which I can more confidently express myself, than upon the errors committed in the treatment of these cases,—passing, as they commonly do, for sprains of the wrist, and hence treated as such. After an unvarying success in the management of this accident for many years in the Pennsylvania Hospital, in the Blockley Hospital, and in private practice, I can strongly recommend the following plan of treatment:—Two thin, but firm splints of wood, are to be prepared, of sufficient length to extend from just below the condyles of the os humeri to the ends of the fingers, and of width enough to embrace the sides of the limb. These are to be lined on one of the sides with carded cotton, or something equally soft, and wrapped with a bandage. Two compresses, each about two inches square, and composed of strips of bandage, about one yard and a half long, evenly folded up, are also to be in readiness. The arm is then to be flexed at the elbow, and one assistant is to hold it firmly above the condyles, whilst another makes extension from the fingers. The surgeon now presses the prominent end of the radius on the inner side, and the bulging carpus and fragment on the outer side, into their respective places. The roller is then to be lightly pressed around the hand and arm, securing in its course up the limb one of the compresses precisely over the carpus and back of the hand, and the other with equal precision over the palmar side of the radius just above its carpal extremity. These compresses, when properly arranged, will be found *not opposite to each other, but the inner one commencing on a line opposite to that on which the outer one has terminated.* These being applied, the inner splint is next placed against the limb,—the assistant shifting his hand to admit of this being done, without his relaxing in the least degree the extension until the limb is bandaged to this splint, when it will be found that the extension is well maintained. The outer splint is now to be applied and secured to the arm by the return of the roller. The principal use of the latter splint is to act upon the outer compress, and by its general pressure to weaken for the time the force of the resisting muscles. By the employment of these simple means, the indications in the treatment of this accident will be found to be fully met. The arm may be carried in a sling, and the patient permitted to walk about, &c. In three or four days the limb should be undressed and inspected; and whilst held so that relaxation cannot take place, the wrist and fingers are to be bent enough to preserve the flexibility of the joints. The dressings are then to be reapplied. These operations are thenceforward, for four or five weeks, to be repeated every day, adding to them the motions of pronation and supination.

The practice of keeping a limb in splints, with the joints in an immoveable state for weeks, even when the fracture is remote from the articulation, cannot be too earnestly deprecated; and in cases where the injury to be repaired has involved a joint, such treatment is censurable to a high degree, as it is almost certain to destroy the mobility of it by promoting the adhesion of ligaments, the union of tendons with their thecæ, and by obliterating bursæ—evils never to be fully repaired. So prevalent is the error on this point, and so serious are the results of such practice, that I have settled my mind to the belief, that in very many cases of fractures the imperfect recovery of the patient is owing to the injudicious use of splints and bandages, rather than to the complication or original difficulty of the case. For the interruption of adhesions of the ligaments, for insuring a continuance of the muscular power and offices of the tendons, and for the entire preservation of the motions of joints, it is indispensably necessary that these parts should be put into action frequently during the treatment of a fracture in which they are interested, either from the adjacency of the fracture, or from their confinement by the splints necessarily used on the occasion. The movement of these parts by the

surgeon at stated periods, is not at all incompatible with the quietude and the progressive reunion of the bone itself. The omission of this duty arises, I am persuaded, out of our knowledge of the necessity of securing rest to a broken bone, without at the same time considering that by the means we employ, and the course we pursue to accomplish it, we may entail upon our patient a calamity quite as deplorable as that of an ununited fracture or a crooked bone—namely, a stiff and useless limb. The surgeon, then, is to recollect, that in the cases made herein the special subject of notice, he has not only the duty to perform of obviating deformity of the limb, but of preserving the free motions of all the other parts, and that this can be accomplished only by daily trials of their freedom and functions.

By an adherence to the plan of treatment just recommended, and by an attentive pursuance of the means spoken of to preserve the functions of the limb, I have uniformly succeeded in restoring perfectly the arm to its natural shape and offices. I can, consequently, on just grounds, advise others to adopt the same practice.

It sometimes happens, also, though rarely, that fracture of a similar character to the one just described, occurs *on the palmar side* of the radius, from the application of force against the back of the hand whilst it is bent forward to its ultimate degree. This usually happens in awkward attempts to parry the blow of a fist, from pressure in dense crowds, and from falling on the back of the hand whilst it is bent forward. Whenever the fracture takes place in front, the end of the radius projects over the wrist on the dorsal side, and the carpal bones and fragment rise out of their proper situations, and form the tumour on the palmar side, thus reversing the deformity of the arm. The principle in the treatment of this variety of the injury, is the same as in the foregoing.

Dupuytren used to trace an analogy between the ordinary fracture of the lower end of the radius, and fracture of the lower end of the fibula; and as he had founded a very successful method of treating the latter injury from the view he took of such cases, he extended his analogy to the treatment of the former by means and apparatus designed to accomplish the same ends. How far the practice may be successful when applied to the cases for which the practice was specially intended, I cannot say. Having myself found simpler means attended with success, I never adopted his practice; but for the treatment of fracture through the joint,&c. the practice would be unavailing. Neither is there any resemblance of this injury to the fracture of the fibula. It may be, however, not inaptly compared to the partial luxation of the foot, depending on fracture of the internal malleolar process of the tibia, including a portion of the articular face of the bone—an accident well known to surgeons.

BIBLIOGRAPHICAL NOTICE.

A Treatise *on Inflammation.* By James Macartney, M. D., F. R. S., &c. &c. London, 1838. 4to. pp. 214.

This work contains the substance of the theory and practice on the subject of inflammation, taught by Dr. Macartney, in his lectures on surgery, in the University of Dublin. His views with regard to the connexion between inflammation and the restorative process, are original. According to his theory, this process does not depend upon inflammation, but is rather incompatible with it. Reunion and reorganization he supposes to be effected in four different ways:—

"*First*, by immediate union, without any intervening substance, such as blood or lymph.

"*Second*, the union by the medium of coagulable lymph, or a clot of blood.

"*Third*, re-organization without any medium of lymph or granulations, the cavity of the wound becoming obliterated by a natural process of growth.

"*Fourth*, the reparation by means of a new, vascular, and organized substance, called granulations.

"To the first of these modes of cure, I should wish to give the name of *immediate*. The second may be called the *mediate by lymph or blood*. The third, being compounded of different actions, I find a difficulty in distinguishing it by a single name. It might be denominated the *approximating* or the *modelling* process of reparation, or that by a *natural growth*. The fourth mode of union should be termed *mediate by granulation*.

"The three first mentioned modes of restoration are quite incompatible with the presence of inflammation; a slight degree of which may, however, exist with the fourth. Not that I admit the growth of granulations to be an inflammatory process in itself. It ought rather to be viewed as the mode of reparation, adopted under the unfavourable circumstances of irritation, or a degree of inflammation being still continued, and proves that parts previously in a healthy state, are disposed to heal in despite of many impediments thrown in their way.

"The circumstances under which immediate union is effected, are the cases of incised wounds, that admit of being, with safety and propriety, closely and immediately bound up. The blood, if any be shed on the surfaces of the wound, is thus pressed out, and the divided blood-vessels and nerves are brought into perfect contact, and union may take place in a few hours; and as no intermediate substance exists in a wound so healed, no mark or cicatrix is left behind." (p. 153–4.)

"The union of parts with the medium of lymph or blood takes place in wounds, which either cannot, from the extent or shape of their surfaces, be brought into perfectly close contact, or where the parts will not sustain much pressure, without the danger of inducing inflammation. The lymph which issues from the adjacent surfaces, in the first instance, glues them together, and in a few days is found to have acquired some vascularity, and an imperfect degree of organization; after which, an external restraint for keeping the divided surfaces in contact becomes unnecessary." (p. 155.)

The process of reparation by the modelling process, is thus described:—

"When healthy parts are injured, although it may be to the greatest extent, if placed under the

most favourable circumstances for carrying on their natural actions, the process of reparation is nearly the same, even in the human subject, as that which I have described as belonging to the animals of a simple structure. The pain arising from the injury soon ceases. No tumefaction ensues separating the edges of the wound, and its surfaces are not only disposed to lie in contact, but even to approach each other so much that they cannot be kept asunder by mechanical restraint; there is, therefore, no necessity for the effusion of lymph; and as there is no cavity to be filled up, granulations are not formed. The surfaces of the wound, although they come into contact, do not unite by vessels shooting across; they are smooth, red, and moistened with a fluid, which is probably serum, and present the appearance of one of the natural mucous surfaces of the body. If any parts have been killed by the injury, they are separated by simply as much interstitial absorption as is sufficient to set them free. The wound is finally healed by the same means which determine the shape of the natural parts of the body. It gradually diminishes in extent until it is obliterated, or it may be cicatrized before the surfaces are abolished; after which the same process of natural growth goes on, until no part of the original wound is left. The cicatrix which succeeds the cure of the injury by the modelling process, is small, pliant, free from those callous adhesions to the parts underneath, and the morbid sensations that so often belong to those cicatrices which have for their bases the deposits of lymph or the formed structures called granulations. When the modelling process or cure by natural growth goes on perfectly, there is no inflammation in the part, and the patients are so entirely free from all uneasy sensations, that I have known instances of their being ignorant of the real site and extent of the injury, until they had examined the part with their hand, or saw it in a looking-glass." (p. 53,—4.)

Dr. Macartney's chapter on the remedies for inflammation, contains some instructive suggestions:—

Tartar emetic he uses in smaller than the usual doses: "the good effects of nausea depend on the feeling being steadily kept up for some time, and this can best be accomplished by very divided and frequently repeated doses of the medicine." Externally, the remedial operation of a *moderate degree* of cold, is, he thinks, in most cases to be preferred. The application of *intense cold* is reserved for very severe injuries, compound luxations, for example, where the inflammation cannot be restrained by other means. The operation of cold and moisture must be uninterrupted to be of use. Irrigation, by means of the syphon, effects this purpose. The alternations of heat and cold to an inflamed part, which result from the imperfect renewal of cloths, dipped in refrigerant lotions, are necessarily hurtful; and the plan of irrigation, which we owe to the French, is a valuable improvement in surgery. The importance of the steady employment of external applications, Dr. Macartney illustrates by his success with lead water in *tinea capitis*. He says that—

"The lead lotion never fails to cure tinea capitis, however long and obstinately the complaint may have resisted other remedies, provided the application of the lotion be properly conducted. The hair should be first shaved off; water dressing, or a poultice of any kind, is then to be applied, merely for the purpose of cleansing the skin of the crust, and all other impurities. There will then be seen, under each crust, a red spot of the skin, denuded of its cuticle, and the villous surface exposed. The lotion should now be applied by means of lint, thoroughly wetted with the fluid, and covered with a plate of indian rubber, or a piece of oiled silk to prevent evaporation. Every time this dressing is changed, which should be very frequently at first, the head should be washed with some of the lotion, and the lint should be replaced by some that is clean, which is to be completely wetted with the lotion, and covered as before. The efficacy of this mode of treatment depends entirely on the head being continually subjected to the operation of an astringent fluid; for, if the application be suspended for one night, or even for a few hours, the peculiar viscid secretion which forms the crusts will re-appear, and the whole treatment will have to commence again." (p. 172,—3.)

Remedies which *affect in an agreeable manner* the sensations of inflamed parts, according to Dr. Macartney, have a powerful tendency to subdue inflammation. The application of *steam*, at a suitable temperature, to the skin, he has found the best means we possess of producing a grateful state of sensation. He has invented an apparatus for the employment of steam, from the hottest degree at which it can be borne, down to below the standard temperature of the human body. We give his description of it at length

"It consists of a small tin boiler, supported on a platform, on which a spirit lamp is placed. The peculiarity of the vessel is, that the superior opening is an expanded funnel, in consequence of which the steam ascends from the boiler with a vertical motion, being attracted to the smooth and infundibular aperture. The effect of the steam escaping in this manner is to diffuse and cool it so much, that if the vessel be uncovered, the hand may be placed within an inch of the surface of the boiling water, without experiencing any unpleasant feeling of heat, although, if the steam be made to spread in a straight line, by diminishing the opening of the funnel, it will scald the hand held two or three feet above the water. The steam is conducted to any part of the body, by means of a tube of woollen cloth, about twelve inches wide and three feet long. Its cylindric form is maintained by circular pieces of whalebone. One end of the woollen tube is tied round the contracted neck of the boiler, and the other end admits of being adapted to the shape of any part that is in-

tended to be fomented, from holding within its opening a piece of flexible wire.

"By this apparatus, steam at any temperature may be applied for any length of time, with only the momentary interruption of renewing the boiling water, and the spirit in the lamp. The great advantage of making a continued, instead of a temporary application, at a determined temperature, and without the intervention of the woollen cloths used in common fomentation, which irritate many wounds and ulcers, gives to the mode I have described for administering steam, the character of a *new remedy*, which it exhibits also in the more extended and more beneficial effects than those of common fomentation."

"The effects of steam, at a high but comfortable temperature, are gently stimulant, and extremely soothing to the feelings of the patient. When used immediately after the receipt of lacerated gunshot and punctured wounds, contusions of bones, fractures near joints, recent luxations, bruises and strains of joints, and in all wounds accompanied with a peculiar overcoming pain, and a shock to the nervous system, it removes all pain, and consciousness of injury in a short time. After the pain and sense of injury have passed away, the steam may be continued at a lower temperature. Hot steam is remarkably successful in improving the condition of the indolent ulcer; and for inflammation of a more active character, no local application can compete with steam at a low temperature." (p. 176,—7,—8,—9.)

The *water dressing* consists of two or three layers of lint, floated in the water before being folded, and covered with French oiled silk or indian rubber, which should project beyond the margin of the lint, to prevent evaporation. It is to be changed two or three times a day, and is recommended as having not only better, but very different effects from poultices. It presents or diminishes the secretion of pus, and under its use, granulations, which are rendered exuberant by poultice, are either never formed or exist in a slight degree. Very ancient authority is cited for the employment of water as a remedy for wounds and inflammation, but Dr. Macartney claims the credit of having introduced it to the attention of the profession in modern times. For this and other valuable practical suggestions, he is entitled to our thanks; and, as far as we know, the novelty of his views, as to the possibility of open wounds healing without inflammation, and without the medium of either coagulable lymph or granulation, cannot be disputed.

THE MEDICAL EXAMINER.

PHILADELPHIA, NOV. 7, 1838.

The tone and spirit of the American medical press is, in general, unexceptionable. The freest expression of opinion is shown to be compatible with decorum and courtesy of language. It is felt that personalities are unworthy the dignity of our professional literature, and if, here and there, an outbreak of ill temper and scurrility emanates from some turbulent spirit, the contempt awarded him proves the general correctness of taste and feeling.

Sectional feeling is, we are glad to say, seldom evinced by the professional periodicals of our country. The appeal to local prejudices, in a literary discussion, is paltry. It degrades the scientific to the level of the partisan political journal, and, though it may succeed in effecting particular private ends, it is visited with the disapprobation of every candid and enlightened mind. Happily, our remarks have no application to the majority of our cotemporaries. If they have some point, in a solitary instance, for the honour of the profession, we regret it. We trust that the party in question will profit by the rebuke of a journal of its own vicinity; and, for the future, abstain from "introducing this species of unjust and unmanly, or, to say the least, *unscientific* writing into a medical journal."

The introductory Lectures of the Medical Schools of this city, began on the 5th of November. A short course was given at both these institutions during the month of October; but the integrity of the winter course has not been interfered with—the October lectures being quite distinct, and for the most part confined to such subjects as are not taught during the winter.

A series of lectures will be given at the Philadelphia Hospital, upon Clinical Medicine and Surgery, on the Saturday of each week. The lectures on Surgery will be given by Dr. Gibson, and those on Medicine by Drs. Jackson and Gerhard. On each Saturday, the students who have purchased the tickets are conveyed to the Hospital without additional charge. On the other days of the week, especially on Wednesday, the patients will be visited in the wards; and demonstrations of the symptoms, and of the mode of treating diseases, will be given by the physicians in attendance. It is intended to render the course of lectures as systematic as possible, and to arrange them in such an order as to make it easy for the pupils to understand the mode of observation required to pass from the more simple to the more difficult diseases. The lectures are conducted in the following manner:—

The hospital is built upon such a plan, that the area of the lecture room is on the same floor with the principal story of the building; patients are carried on their beds, through the corridor which communicates with the wards, to the lecture room. The symptoms of the disease are then pointed

out, and the prescription is made in presence of the class. The result of the case is always made known to the pupils, and regular notes are kept of the changes that occur during their absence. This mode of presenting the patients to a large class, is by far the best that can be adopted. The wards of a hospital cannot be visited with advantage by a class more numerous than thirty or forty students. Twenty is perhaps as large a number as can enjoy all the advantages to be obtained from a visit to each patient. But when the patients are introduced into the spacious lecture room at the Philadelphia hospital, they are not unnecessarily fatigued, and the students enjoy every advantage which they can obtain from clinical medicine, except a knowledge of those modes of investigation which require personal examination of the patients. These methods of investigation cannot, of course, be taught to a large class.

The obstacles which prevent this system from becoming more effective, depend upon the shortness of the course and the infrequent visits of the students to the hospital. For these evils there can be no remedy until students are willing and able to prolong their studies, and to direct their individual attention to a systematic course during the whole number of years which they devote to the study of medicine. All that can be done at present, is to render the system of clinical instruction as effective as is compatible with the existing opinions and practice of the students of medicine. The effort to bring about a more thorough education should not be lost sight of; nor do we intend to forget that our duty as editors requires us to insist upon the necessity of a gradual, but progressive improvement.

The greater part of the class attending the hospital, is composed of the students who enter a medical school for the first time. This arises, of course, from the necessity which more advanced students feel or believe they feel of devoting their whole time to the preparations for examination. As clinical medicine requires a certain degree of previous knowledge, and forms as it were, the complement of a medical education, numerous disadvantages result from the imperfect previous qualifications of many of the pupils. We are convinced that the really qualified pupils commit a pernicious error, in neglecting instruction of a practical kind, and in preferring to devote the best portion of their time to details which are obviously of less permanent advantage, than a knowledge of those practical departments of their profession which are to become the business of their lives. Students who are not yet fully prepared to understand all the facts which are presented to them, in a course of clinical medicine, cannot do better than to attend carefully, note down what they learn, and in their moments of leisure make themselves familiar with the deductions which these facts may afford them. When their memory is well stored with the phenomena of disease as they occur in nature, reading upon the practice becomes a most agreeable and instructive study, instead of being an arid and objectless pursuit. They have before them tangible objects with which they may connect the statements of authority, and they are prepared to reason upon what they read, instead of trusting only to a mere effort of the memory.

One word more seems necessary in explanation of these remarks, in urging upon students the necessity of attending a course of public lectures, with which one of us is connected; we should explicitly state, that no part whatever of the fee paid by students, is received by the lecturers. It is solely for the use of the institution, after deducting the expenses of the line of carriages, and also the sums paid for keeping up a large library for the use of the pupils.

We have not spoken of the clinical instruction given at the Pennsylvania hospital, the oldest institution of the kind in the United States. The buiding is not so well adapted for the purpose of instruction as the Philadelphia hospital, nor are the medical patients equally numerous. The Pennsylvania hospital is especially useful as a school for surgical operations and recent accidents. We hope, however, from time to time, to add greatly to the interest of our columns, by reports of the excellent lectures which are there given, both on medicine and surgery. Our readers are already informed of the numerous interesting surgical cases, constantly occurring in that institution; whilst the lectures of its medical attendants, which we have occasionally published, show that they are earnestly and usefully engaging in diffusing a knowledge of practical medicine and surgery.

CLINICAL LECTURE.

LECTURE ON CLINICAL MEDICINE, *delivered at the Philadelphia Medical Institute, by* W. W. GERHARD, M. D., *Physician to the Philadelphia Hospital*, &c.

DROPSY AS A CONSEQUENCE OF DISEASE OF THE HEART.

IN concluding the subject of the diseases of the heart, I have only to speak of their complications and of their terminations. You have witnessed most of these complications, and have had numerous opportunities of observing those which occur most frequently, namely, dropsical effusions. In watching

the course of a heart disease, we expect that the patient will, sooner or later, become dropsical. We know that the various forms of dropsy may be called the natural termination of disease of the heart, and that when the effusion of serum is not sufficiently abundant, and does not occur in such a situation as to cause death, it is still a cause of serious inconvenience to the patient. Hence you are, as it were, obliged to be upon the alert, and must endeavour to detect this complication at its earliest appearance, and to recognise the signs by which it is preceded. That is, you must not only render yourselves familiar with the more evident phenomena of dropsy, but with those more obscure symptoms which precede the effusion of serum. Almost every important lesion is preceded by more or less constitutional disturbance before it actually manifests itself; this is the case with dropsy occurring in disease of the heart.

Besides dropsy, which may be termed the natural termination of heart diseases, these affections sometimes end prematurely, from some unforeseen accident; such, for example, as the occurrence of pneumonia, which is much more dangerous in persons labouring under a disease of the heart, than in those who were previously in good health, or what is still more sudden, death may instantly ensue from an arrest of the heart's action. This latter kind of termination is by no means rare in this class of patients; it sometimes occurs without the slightest premonitory sign; the patient may be nearly in his usual degree of health, when, from some accidental cause, the heart for a moment ceases to beat, and death immediately follows.

These accidental terminations, you have also seen: you may recollect the case of endocarditis complicated with pneumonia, which proved fatal, and you may remember how suddenly one or two patients were carried off, without having previously offered more than the usual symptoms of slight disease of the valves. My present object is not, however, to insist upon a class of sudden deaths which can rarely be foreseen, and which can almost never be prevented; nor do I propose just now to speak of the complication of heart diseases with acute inflammation of the lungs; but I will merely recapitulate the symptoms which you have recently observed in some patients who have suffered from the common, and, as it were, the regular complication of valvular disease of the heart, that is, from dropsy. I shall select for this purpose three cases, and although I have the complete observations before me, it may be more useful just now to confine ourselves to giving a condensed statement of two of them, instead of entering into details which are of great utility, but may somewhat impede our examination of the subject under the single point of view in which we are now examining it. The third case I shall give more in detail, as it occurred more recently, and is very interesting from some therapeutic difficulties which it offered.

William Elfrey, aged seventy-eight, born at Philadelphia, entered the hospital October 9, 1838. He had been a cooper for the last six years in the house, and in the habit of moderate drinking. Before admission, he was sensible of short breath *only* for three weeks; never had dyspnœa on ascending, until about that time. Cough began at the same time, with expectoration of whitish mucus. Great oppression at the epigastrium; was not conscious of palpitation, except on ascending; was unable to work for last six months, on account of the failure of his eyesight; œdema of the legs since last week; swelling of the abdomen moderate; unable to lie at night for two weeks, and obliged to sit up, inclining forwards; cough worse at night, in spells, one every hour or two; no pain, only a sensation of suffocation; has had no piles; no epistaxis or hæmorrhage from the lungs; *never ill but with ague*, seven years since, when he had had it for *five years*; never had rheumatism—occasionally a little pain in the feet. His condition at the time of his entrance was the following:—

Dark complexion; large frame, but rather emaciated; hair and teeth still preserved; yellowish, jaundiced complexion; œdema of lower extremities; position, seated; nostrils dilated; very little lividity of face; respiration forty-five, very high; pulse one hundred and eight, tolerably resisting, very irregular; the artery ossified; coolness of extremities; cough in paroxysms—has had three this morning; thin, watery, mucous expectoration; conscious of no palpitation; complained of uneasiness in epigastrium and hypochondrium, where there were evident prominence and flatness as far as the umbilicus; sounds of the heart confused—the second almost lost; impulse very moderate; first sound loud and rough; flatness below fourth rib in the præcordia complete, passing from thence to the nipple, where it became continuous with the flatness of the side; on the right side flatness complete below third rib; respiration on left side natural and expansive above fourth rib; respiration absent below upper third; posteriorly, respiration vesicular throughout left side,—feeble towards the base, where percussion was dull; on right side posteriorly, very feeble in lower two-thirds; percussion very obscure. A pediluvium was ordered, with the infusion of the melissa officinalis, and three grains of Dover's powders, and a quarter of a grain of digitalis, every three hours.

October 10th.—Last evening was cupped eight ounces to the præcordia; fits of dyspnœa ceased; poultice applied immediately after cupping; skin was warm after balm tea; *now* lies with head a little elevated, much less than yesterday; less oppression; respiration twenty-three, less elevated, by an alternate movement of the ribs and diaphragm; pulse ninety-two, fuller, less irregular; skin cool at extremities, but less so than before; face a little livid, with permanent dilatation of the nostrils; tongue a little blue, moist, clean; still dizziness; intellect less dull; urine evidently increased—two or three discharges this morning; respiration, left side, anteriorly, louder and fuller; on the right side, much louder—feebleness of it extending scarcely above the nipple; dulness on percussion to the same extent; impulse of heart very moderate; both sounds heard, something like the double tick of a watch; creaking of parchment doubtful yesterday, clear to-day; percussion flat to fourth rib; posteriorly, respiration, right side, inferiorly, rude; percussion much clearer, a little dull at base. Balm tea, Dover's powders, and digitalis, continued; poultice.

October 12*th.*—Pulse one hundred, less irregular; five paroxysms from twelve o'clock, yesterday, until the evening; skin more natural; no sweating; can lie with his head at an angle of forty degrees; œdema of the legs much less; no swelling of the abdomen; cough less severe; no soreness at epigastrium, less tension; lips less injected; bronzed colour of the skin less marked; tongue moist, still somewhat purplish; respiration on right side anteriorly, vesicular and feeble, at lower fourth, almost absent—throughout, a little harsh; left side louder than on right, vesicular—absent over præcordial region; creaking now very loud at the level of the valves, evidently not valvular sounds; can be felt, as well as heard; extends to the sternum, a space one and a half inches square; sounds of the heart louder; second almost lost, accompanied by bruit de cire; rhythm altered; impulse stronger than average; to the right of the sternum both sounds heard a little altered; percussion dull over the fourth rib, to an inch beyond the nipple, where it is lost in the axilla, perfect near the sternum, extending to right margin; respiration posteriorly left side, at the inferior one-third absent; upper two-thirds vesicular, nearly natural; right side, absence of respiration almost complete in lower one-half, slightly bronchial; œgophony on both sides corresponding to the level of the liquid; higher on right than left; continue treatment.

13*th.* Slept much better than before; had two or three paroxysms last night, none this morning. Lies with his head much lower; pulse eighty-four, very irregular; thinks a paroxysm is coming on; asks for powder, thinks they shorten the paroxysm; dyspnœa much less. Some rasping in the first sound of the heart; absence of second almost complete at the semilunar valves; creaking occasionally heard, most loud over the middle of the heart, both in the systole and diastole. During auscultation, a paroxysm coming on; action of heart becomes quicker, spasmodic; the bruit de cire more constant, louder; impulse increased; same sound heard in both sounds, but less loud in second; powders continued every four hours.

15*th.* Sleep has been very good since last date; can lie on either side, with his head very low; oppression almost gone; pulse sixty-eight, less irregular; no cephalalgia; no pain any where; cough very slight; tongue moist, scarcely coated; urine abundant, about three quarts daily; no sweating; abdomen flaccid; tension at hypochondrium almost gone; no swelling of the feet; tongue moist, but still of a purple tint, as well as the lips; top of skin generally less bronzed; two stools; respiration easy, fourteen; respiration on left side anteriorly vesicular, almost natural, except at the base of the axilla, heard distinctly over the heart; impulse of the heart much stronger; strong rasping sound in the first; second almost lost; a little creaking heard at times. Percussion sonorous below fourth rib; flatness from thence continuous with the region of the pleura, not connected with the pericardium; posteriorly, respiration vesicular throughout; powders continued morning and night; infusion of juniper berries; full diet.

17*th.* Decubitus low, nearly horizontal; pulse sixty, irregular; respiration twenty; tongue less livid; lips less so; urine continues copious—between three and four quarts—no swelling; cephalalgia better; two stools daily; powder once daily; continue infusions.

22*d.* Convalescence has continued; the patient is walking about; full diet given after the first four days; walks up stairs without difficulty; very little shortness of breath; no cough; no pain.

Auscultation of the heart strongly rasping, severe in the first sound over verge of the semilunar valves; a little grating heard towards the apex; and different from the action of the valves; on right side of sternum, where the second sound is most developed, the rasping continues; impulse at the top of the sternum strong; a single rough sound, which is synchronous with that heard at valves; and second transmitted along aorta; impulse evidently distinct; respiration dull at upper third of sternum; flat at lower two-thirds extending to nipple, but not to axilla; not to right of sternum.

Discharged, cured of the acute affection. There remains chronic disease of the valves of the aorta with hypertrophy and dilatation, with patches of lymph in the pericardium.

This patient was employed, as you perceive, in the out-wards of the institution, and suffered so little inconvenience from his disease of the heart, as to be quite unconscious of its existence; there were neither dyspnœa nor palpitations sufficiently severe to prevent him from following his ordinary occupation. He is, however, afterwards attacked with a new complication: that is, acute inflammation of the pericardium, and in a slight degree of the endocardium. This complication at once increases the dyspnœa, offers an additional impediment to the circulation of the blood through the lungs and heart, and is quickly followed by dropsical effusions.

When the patient entered the hospital there was œdema of the limbs, and effusion into both the pleuræ and the pericardium, that is hydrothorax; we were able to trace the quantity of liquid then contained in the cavities, and we could also estimate the rapidity of its absorption, by the gradual subsidence of the line of dullness. By physical examination we could go still further in our diagnosis and ascertain that the heart was at first separated to some distance from the walls of the thorax, by the liquid effused into the pericardium, and that in proportion as the effusion diminished, we heard a grating sound at the præcordial region. This creaking sound was a proof that the effusion into the pericardium was not simply dropsical, but that it depended in part, at least, upon an inflammatory action in this cavity.

You have observed how intense the dyspnœa appeared at the entrance of the patient; he was obliged to sit up and lean forward, breathing with extreme effort, and obviously labouring under an almost complete stagnation of the circulation. The heart performed its functions with great difficulty, its cavities were surcharged, and the lungs were therefore over-loaded. The same impediment to the circulation, gave rise to coldness, lividity, and œdema of the extremities. The patient was obviously in danger; the circulation required to be relieved, and at the same time, in the effort to diminish the quantity of blood in the heart, we were bound to avoid increasing

the feebleness of the patient, for in these cases a very slight abstraction of blood may do harm. I therefore directed sinapisms to be placed upon the extremities, with a warm infusion of the common balm, as a drink. Dover's powders, combined with digitalis, were to be given internally, but these remedies could not, of course, produce any immediate effect. I directed cups to be applied, if the circulation should again become more vigorous; the sinapisms and warm drinks were followed by some relief; but the patient was not cupped until complete reaction had occurred; he was immediately relieved by the cupping, and continued to improve, until the effusion had completely disappeared.

When you meet with cases of this kind, you may generally relieve them, provided they have occurred suddenly; if, however, the dropsy has come on more slowly, and is connected with an enfeebled state of the system and a diminution of the quantity of red globules in the blood, you will meet with much more difficulty. When the patient has not completely lost the vigour of his constitution, he may readily react from the temporary depression caused by the impediment to the circulation, but it is always expedient first to resort to measures designed to excite the circulation in the exterior of the body, such as fomentations, sinapisms, stimulating pediluvia, and warm drinks. You may afterwards, as soon as the circulation has become more equalized, unload the heart and large vessels, by taking blood from the arm, by free cupping over the præcordial region, or between the shoulders. When you have succeeded in your treatment, and have diminished the dyspnœa, you may place the patient upon the use of digitalis. As you may have remarked, I frequently combine this remedy with Dover's powders, and in this way tranquillize the action of the heart more effectually than could be done by the digitalis alone.

One of the other cases to which I have alluded, is now in the wards. It is Wise, a patient who labours under the unfortunate complication of phthisis, and dilatation and hypertrophy of the heart, with its attendant disease, general dropsy. The tuberculous disease is chiefly confined to the right lung, which is adherent throughout a considerable part of its extent. Now, the effused serum cannot accumulate in the right pleura, in consequence of these adhesions, and it is therefore collected in such quantities on the left side as to give rise to the most distressing dyspnœa. It is also secreted in considerable quantities in the pericardium. Of course, the disease of the right lung diminishes the quantity of pulmonary tissue still permeable to the air; the patient, therefore, suffers doubly from the hydrothorax.

The dropsy extends to the lower extremities, as well as the parts of generation, and annoys the patient very much from the pain which he suffers in the scrotum and penis. The anasarca commenced suddenly after making a violent effort in lifting a heavy beam. From the symptoms offered by the patient after his admission, there was reason to believe that in this case, as well as in that just related, the dropsy coincided with an acute inflammation of the heart, occurring during the course of chronic hypertrophy. The patient is still in great danger, and the treatment is necessarily difficult from the numerous complications of the disease, which require to proceed with extreme caution. I am now carefully puncturing the thighs and scrotum, applying bandages to the legs, and giving the patient a pill three times daily, composed of three-fourths of a grain of digitalis, a sixteenth of a grain of calomel, and a third of a grain of opium. He takes also an infusion of juniper berries, as a ptisan.

The third patient is a mulatto, named Henry, who was twice under treatment. On the first occasion, anasarca came on simultaneously with pericarditis. He was entirely cured of the dropsy, and the disease of the heart was reduced to simple hypertrophy and dilatation. The man left the hospital, commenced a laborious employment of the most unsuitable kind, drawing a handcart, and was exposed to a shower of rain. The next day after this wetting, he was attacked with dyspnœa and palpitation, and in a day or two afterwards was obliged to enter the ward for a second time; the patient was again treated for anasarca, with little success; ascites afterwards supervened, he was tapped, suffered little inconvenience from the operation, and, after a partial improvement, was carried off suddenly, without any previous increase in the alarming symptoms. Upon examination, the heart was found to be enlarged, it was thickened, and its cavities were dilated to nearly twice their natural size; the valves were nearly in the natural state. Organized patches of lymph and partial adhesions, were found in the pericardium. I mention this case, that you may again remark, how frequently acute inflammation of the membranes of the heart complicates a chronic disease, and proves the exciting cause of dropsical effusions.

Note.—These lectures on diseases of the heart, form part of a series which were given upon this subject. The remainder cannot be published at present, from the necessity of following the regular winter lectures, of which reports will be given in the Examiner. Of the whole course delivered during the summer, about one-third has been published; it is intended to complete it as soon as practicable. The lectures published previously to the month of September, were printed from notes taken at the time they were delivered; these notes were, with the exception of two or three lectures, revised by the lecturer. The latter part of the course, consists of sketches furnished by the author. This explanation seems necessary, to account for the peculiarities which may be perceived in the phraseology of different parts of the course.

Lithotomy.—On the 13th ult., Professor Dudley, of Lexington, Kentucky, performed his 157th operation of Lithotomy. The patient was a boy of ten years of age, and was the thirteenth case from the same county.

M. Fricke, of Hamburgh, recommends nitrate of silver to be rubbed over frost-bites.

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

List of Cases treated in the Surgical Wards of the Pennsylvania Hospital, and discharged between the 18th and 31st of October, 1838.

[Reported by HENRY H. SMITH, M.D., Resident Surgeon.]

A case of fracture of the upper third of the femur, near the great trochanter, in a man twenty-two years of age, who was admitted July 26th, 1838. The limb was dressed with Physick's modification of Desault's splints, for the first few weeks, but owing to an attack of mania a potu, and a slough on the heel from the extending band, Dr. N. R. Smith's apparatus was applied for ten days, when the first dressing was resumed. On the one hundred and fourteenth day after admission, the patient was allowed to walk, with pasteboard splints bandaged tight to the limb, and on the 23d October, ten days afterwards, he was discharged, cured—the limb, owing to the circumstances before mentioned, being shortened about three-quarters of an inch.

Another case of fracture of the lower third of the femur, in a boy aged fifteen years, caused by a fall, was admitted August 28th: dressed with Desault's splints, by which constant extension was kept up until September 26th, twenty-nine days after admission, when pasteboard splints were applied. On the 10th October he was permitted to walk about, and on the 23d of the same month, fifty-six days after admission, he was discharged, cured, the limb being, by close measurement, only one-eighth of an inch shorter than the sound one, and causing no limp in his gait.

A third case of fracture of the femur, near the middle, in a woman aged eighty years, caused by a fall on the floor, was admitted August 5th. As there was but little hope of bony union, the limb was only laid on the double inclined plane, and supported by pillows. Gradual prostration ensued, and death took place on the 28th of October, eighty-four days after the accident. A post mortem examination of the limb showed a very great effusion of cartilaginous matter around the fracture, sufficient to have rendered the leg partially useful; but no callus was found. There was no fracture of the cervix femoris, but the crista ilii of the same side had been fractured, and united by the same kind of substance as the femur.

A case of fracture of both bones of the leg, caused by a hogshead rolling against it, was admitted August 28th, and dressed with the fracture box for forty-three days. Pasteboard splints were applied for eight days, and the case was discharged, October 23d, cured, sixty-three days after admission. Owing to the great size of this patient, it was necessary to keep him in bed longer than usual, and also to keep the splints on some time after he commenced walking about.

A case of fracture of the fibula, in a man who had been discharged from the institution, two months previously, cured of a fracture of the same bone, was admitted September 20th: dressed with the fracture box for four weeks, afterwards with splints, and discharged, cured, October 27th, thirty-seven days after admission.

Another case of fracture of the fibula, caused by the falling of a bank of earth, was admitted September 8th, dressed in the usual way, splinted twenty-two days after admission, and discharged, cured, October 31st, forty-nine days after the accident.

A case of fracture of the olecranon, in a man, was admitted September 13th. At the time of admission, the elbow was much inflamed and swollen, the arm was therefore bandaged loosely on *an angular* splint; leeches and lead water applied to it, and the man kept in bed with this dressing for four days. After the subsidence of the inflammation, a straight splint, extending from the shoulder to the ends of the fingers was placed in front of the arm, motion being made in the elbow joint, at each dressing after the first eight or ten days; discharged with but little stiffness of the joint, October 23d, forty days after the accident.

A case of fracture of the humerus, high up, which had been mistaken for a dislocation of the shoulder, and after the employment of extension, sent to the house, was admitted October 5th. The shoulder was much inflamed and swollen. Perfect rest with lead water was ordered for the first twenty-four hours, the arm being only supported in a sling. Afterwards it was dressed with an angular splint from the shoulder to the fingers, on the inside, and three short straight splints extending only from the elbow upwards, on the other sides of the humerus. Discharged, cured, October 27th, twenty-two days after admission. This patient was a boy of twelve years of age, of a good constitution, and had the splints removed five days before his discharge, making only seventeen days of actual treatment.

A case of fracture of the humerus, just above the condyles, in a boy aged ten years, caused by a blow from a brickbat, was admitted October 4th. An angular splint was applied to the front of the arm, and continued until a few days previous to his discharge, which took place October 31st, twenty-seven days after the accident. Some slight stiffness remained at the elbow joint.

A case of fracture of the lower end of the radius was admitted September 24th, and dressed with two straight splints, stuffed well on the side next to the arm, and extending from beyond the fingers to the elbow. No bandage was applied around the arm, previous to the splints being fixed; the padding of the splint preventing any deformity from the pressure of the radius against the ulna. Discharged, cured, October 27th, thirty-three days after the accident. This is the usual mode of dressing this accident practised in the house, and out of a large number treated during the year, scarcely a single one is discharged with deformity.

A case of dislocation of the head of the humerus under the pectoral muscle; reduced in the usual way immediately after entrance. Discharged October 31st, nine days after the accident.

The cases of fracture of the femur included in this report, make seven cases of this accident, which have been admitted within the last six months, and are interesting, inasmuch as they offer specimens of fracture in three different places, and at three different periods of life: youth, adolescence, and old age; for the first patient, although only twenty-two years old, was well developed, and had the appearance of being several years older.

The case, too, of the female of eighty, offers the unusual instance of fracture of the middle of the bone instead of the neck, which is generally the result of a fall at this time of life, especially when the height fallen from is so short.

DOMESTIC SUMMARY.

Medical Prize Questions.—The questions for the Fiske Fund prize, for 1839, are,—First. The Medical Botany of Rhode Island. Second. Erysipelas, its varieties and the best mode of treatment. Dissertations to be sent, free of expense, before the first of May, to M. Parsons, M. D., Providence; N. Manchester, M. D., North Providence; or E. Fowler, M. D., Smithfield, Rhode Island. The Boylston prize questions, for 1839, are,—First. The Pathology and Treatment of Rheumatism. Second. What is Scrofula? and what its best mode of treatment? For 1840—First. The Pathology and Treatment of Typhus and Typhoid Fever. Second. The Pathology and Treatment of Medullary Sarcoma. The prize of the Boylston Essays is a gold medal, or fifty dollars. Dissertations for each year are to be transmitted before the first Wednesday of April, to John C. Warren, M. D., Boston, Massachusetts.

At the sixth annual meeting of the British Provincial Medical and Surgical Association, at the city of Bath, Dr. J. C. Warren, of Boston, and Dr. R. Dunglison, of Philadelphia, were appointed honorary corresponding members.

FOREIGN SUMMARY.

Modification of the Appareil Immobile, for the Treatment of Fractures.—In No. 21, we gave a description by M. Velpeau, of the *appareil immobile*, of M. Seutin, for the treatment of fractures. From the London Medical Gazette for August 11th, we take the following suggestions for the improvement of this apparatus, by Drs. Christophers and King. The objection to M. Seutin's apparatus is, that it does not expand and contract as the limb may swell or diminish with the development or subsidence of inflammation. Dr. King's first idea was to slit the apparatus, so that it might yield and return upon itself according to the variation in the volume of the limb. It answered the purpose tolerably well, but was not sufficiently elastic to follow the limb in its changes of volume. At the suggestion of Dr. Christophers, a further improvement was now adopted, which consists in a simple and ingenious contrivance. "He proposed applying around the apparatus slit open, a certain number of elastic straps, made of India rubber, with buckles which admit of their being drawn to the requisite tightness. They are rather more than an inch wide, and rather longer than is necessary to encompass the limb. Four of these were applied, and converted the apparatus into a case sufficiently elastic to follow the changes in the volume of the limb, and yet of sufficient strength to afford the requisite support. Seutin's apparatus, thus modified, fulfils, as nearly as possible, and much better than any other, all the indications required; and it must be evident that it will be even a greater boon to the patient affected with a compound fracture than to one whose fracture is simple.

In case the limb undergoes a considerable diminution of volume, it will only be necessary to remove a longitudinal strip of the apparatus, instead of opening it by a longitudinal incision; and the strip should, of course, be removed, or the slit made along that side of the limb on which the nerves and vessels exist, and which can least bear pressure. We deem it not improbable that the apparatus, thus modified, will be found useful in the treatment of many diseases, where it is essential to keep the parts motionless, without exercising an unyielding resistance, or a pressure in the least degree unequal. Dr. Christophers proposes to employ it for that troublesome disease—a varicose state of the veins."

Treatment of Varicose Veins.—A writer in the London Medical Gazette, recommends the introduction of needles *with a cutting edge*, and a small, round silk ligature under the vessels. Commenting on the report of the Pennsylvania hospital operations for the cure of varicose veins, copied into the British Journals from the Examiner, he remarks that "the passing of a needle *through*, as well as under the vessels, before applying the ligature, does not seem to have any advantage over the latter mode, if the needle has a cutting edge, and the thread is round, small, and firmly applied."

Nitrate of Strychnine for Paralysis.—A child, three and a half years of age, born of healthy parents, remained apparently well until the end of April, 1834, when, without any apparent cause, it was seized with paralysis and convulsive movements of the upper and lower extremities, and paralysis of the tongue; the expression of the face was wild, and the child had been in this state fourteen days when the author was called in; he found no symptoms of fever or congestion about the head; the appetite was good; tongue clean; bowels natural. As the child had formerly passed some worms, anthelmintics were administered, and a few lumbrici expelled, but without any relief; on the contrary, the child became thinner every day. The following medicine was now given:—

Nitrate of Strychnine, gr. i.; dissolve in
Alcohol, one drachm; add
Cinnamon water, two drachms. Three drops thrice a day.

The dose was gradually increased until the child took 30 drops or 1-10th grain of strychnine in the course of the day.

After the lapse of a few days the patient's condition was much improved, the convulsive movements declined, and the power over the extremities was gradually recovered, and at the end of six weeks the child was completely cured.—*Lancet, from Sieb. Journal*, Vol. 17, No. 3.

Fifty-four surgeons of the Royal Navy have accepted the commuted allowance offered by the Admiralty, and will be placed on the retired list.